

**St. John the Baptist Catholic School  
Enrollment Application 2010-2011  
4 YEAR OLD PRE-SCHOOL PROGRAM**

Birth Certificate	_____
Baptismal Certificate	_____
Test Scores	_____
Report Cards	_____
Immunization Rec.	_____
Application Fee	_____
Receipt No.	_____

Date: \_\_\_\_\_ Age last birthday \_\_\_\_\_ Male/Female \_\_\_\_\_ S.S.# \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Residence \_\_\_\_\_  
(Address) (City) (State) (Zip)

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender: Male/Female  
(City) (State) (Mo.) (Day) (Year)

Father \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Religion \_\_\_\_\_  
(Last) (First)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_

Mother \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Religion \_\_\_\_\_  
(Last) (First)

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ ext \_\_\_\_\_

Marital Status: \_\_\_ Married \_\_\_ Separated \_\_\_ Divorced \_\_\_ Single Parent \_\_\_ Deceased Spouse

Person(s) with legal custody \_\_\_\_\_

School last attended \_\_\_\_\_  
(Name of school) (City) (State)

Siblings Name	Age	School Name (if applicable)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OVER PLEASE**